# **APPLICATION DATA SHEET**

Secrecy Order in Parent Appl.?::

# **Application Information**

Application number::	
Filing Date::	
Application Type::	Regular
Subject Matter::	Utility
Suggested classification::	,
Suggested Group Art Unit::	
CD-ROM or CD-R?::	None
Number of CD disks::	
Number of copies of CDs::	
Sequence submission?::	
Computer Readable Form (CRF)?::	
Number of copies of CRF::	
Title ::	APPARATUS FOR GENERATING A HIGH-
Title ::	APPARATUS FOR GENERATING A HIGH- PRESSURE FLUID JET
Title :: Attorney Docket Number::	
	PRESSURE FLUID JET
Attorney Docket Number::	PRESSURE FLUID JET 340058.534D1
Attorney Docket Number:: Request for Early Publication?::	PRESSURE FLUID JET 340058.534D1 No
Attorney Docket Number::  Request for Early Publication?::  Request for Non-Publication?::	PRESSURE FLUID JET 340058.534D1 No
Attorney Docket Number:: Request for Early Publication?:: Request for Non-Publication?:: Suggested Drawing Figure::	PRESSURE FLUID JET 340058.534D1 No No
Attorney Docket Number:: Request for Early Publication?:: Request for Non-Publication?:: Suggested Drawing Figure:: Total Drawing Sheets::	PRESSURE FLUID JET 340058.534D1 No No
Attorney Docket Number:: Request for Early Publication?:: Request for Non-Publication?:: Suggested Drawing Figure:: Total Drawing Sheets:: Small Entity?::	PRESSURE FLUID JET 340058.534D1 No No No
Attorney Docket Number:: Request for Early Publication?:: Request for Non-Publication?:: Suggested Drawing Figure:: Total Drawing Sheets:: Small Entity?:: Petition included?::	PRESSURE FLUID JET 340058.534D1 No No No

No

#### **First Applicant Information**

Applicant Authority Type:: Inventor

Primary Citizenship Country:: US

Status:: Full Capacity

Given Name:: Felix

Middle Name:: M.

Family Name:: Sciulli

Name Suffix::

City of Residence:: Issaquah

State or Province of Residence:: WA

Country of Residence:: US

Street of mailing address:: 2712 226<sup>th</sup> Avenue S.E.

City of mailing address:: Issaquah

State or Province of mailing address:: WA

Country of mailing address:: US

Postal or Zip Code of mailing address:: 98029

### **Second Applicant Information**

Applicant Authority Type:: Inventor

Primary Citizenship Country:: US

Status:: Full Capacity

Given Name:: Mohamed

Middle Name:: A.

Family Name:: Hashish

Name Suffix::

City of Residence:: Bellevue

State or Province of Residence:: WA

Country of Residence:: US

Street of mailing address:: 5117 165<sup>th</sup> Place S.E.

City of mailing address:: Bellevue

State or Province of mailing address:: WA

Country of mailing address:: US

Postal or Zip Code of mailing address:: 98006

#### **Third Applicant Information**

Applicant Authority Type:: Inventor

Primary Citizenship Country:: US

Status:: Full Capacity

Given Name:: Steven

Middle Name:: J.

Family Name:: Craigen

Name Suffix::

City of Residence:: Auburn

State or Province of Residence:: WA

Country of Residence:: US

Street of mailing address:: 5526 South 300<sup>th</sup> Place

City of mailing address:: Auburn

State or Province of mailing address:: WA

Country of mailing address:: US

Postal or Zip Code of mailing address:: 98001

### Fourth Applicant Information

Applicant Authority Type:: Inventor

Primary Citizenship Country:: US

Status:: Full Capacity

Given Name:: Bruce

Middle Name:: M.

Family Name:: Schuman

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City of Residence::

Kent

State or Province of Residence::

WA

Country of Residence::

US

Street of mailing address::

11717 S.E. 203<sup>rd</sup> Street

City of mailing address::

Kent

State or Province of mailing address::

WA

Country of mailing address::

US

Postal or Zip Code of mailing address::

98031

### **Correspondence Information**

Correspondence Customer Number ::

00500

### **Representative Information**

Representative Customer Number::		00500
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## **Domestic Priority Information**

Application ::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	Division of	10/114,920	04/01/02
10/114,920	Continuation-in-part of	09/940,689	08/27/01

# For ign Priority Information

Country::	Application number::	Filing Date::	Priority Claimed::

# **Assignee Information**

Assignee name::	Flow International Corporation
Street of mailing address::	23500 64 <sup>th</sup> Avenue South
City of mailing address::	Kent
State or Province of mailing address::	WA
Country of mailing address::	US
Postal or Zip Code of mailing address::	98032

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